

USM-285 (Rev. 5-80) Form Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jamar Antwaun Gladden	U.S. MARSHALS SERVICE ROANOKE, VA	COURT CASE NUMBER 3:19CV00009
DEFENDANT R. A. Oberholzer	2019 FEB 15 A 9:27	TYPE OF PROCESS Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { R. A. Oberholzer, Police Officer, Charlottesville, Police Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 606 E. Market Street, Charlottesville, VA 22902		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jamar Antwaun Gladden, Pro Se Plaintiff 500 5th Street #B Waynesboro, VA 22980		Number of process to be served with this Form 285: 1 Number of parties to be served in this case: 1 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (List Clerks Office, U.S. District Court, All Telephone Numbers, and Estimated Times Available for Service):

CLERKS OFFICE, U.S. DIST. COURT
AT ROANOKE, VA
FILED

Fold

See copy of Order entered 2/12/2019 by Senior Judge Jackson L. Kiser

FEB 27 2019

JULIA C. DUDLEY, CLERK
BY: *[Signature]*

DEPUTY CLERK

Signature of Attorney, other Originator requesting service on behalf of <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 434-793-7147, ext. 1	DATE 2/12/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 084	District to Serve No. 084	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 2/15/19
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only, different than shown above)	Date 2/15/19	Time 3:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee \$32.50	Total Mileage Charges including end-of-trip 2x.58 = \$1.16	Forwarding Fee /	Total Charges \$33.60	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 \$33.60
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REMARKS
2/15/19-1 Dueson, 1/2 hour, 2 mi. round trip, Personal Service. PJA

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

AO 440 (Rev. 06/12) (02/17 WD/VA) Summons in a Civil Action (Page 2)

Civil Action No. 3:19CV00009

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) R. A. Oberholzer, Police Officer
 was received by me on (date) 2/15/19.

☒ I personally served the summons on the individual at (place) 606 E. Market St, Charlottesville
VA, 22902 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 1.16 for travel and \$ 32.50 for services, for a total of \$ 33.66.

I declare under penalty of perjury that this information is true.

Date: 2/15/19

P. J. [Signature]
 Server's signature
Ph. I. p. Syms, SDUSM
 Printed name and title

255 W. Main St, Charlottesville VA
 Server's address 22902

Additional information regarding attempted service, etc: